

## Health Insurance Status of Massachusetts Children

*This publication is the second in a series of monographs based on the results of the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. This series is also available on our web site: [www.state.ma.us/dhcfp](http://www.state.ma.us/dhcfp).*

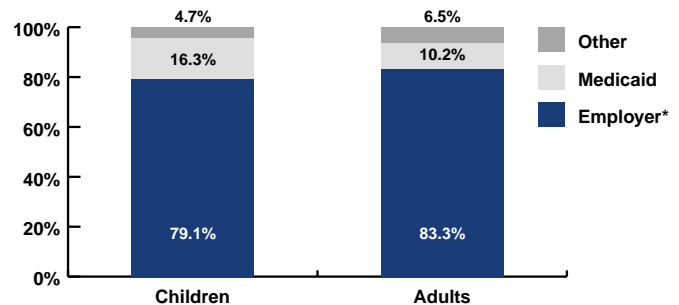
Access to health care has long been an indicator of one's quality of health. Literature suggests that access to health care for children improves the likelihood that they receive continuous health care and preventative health monitoring that will in turn positively impact their emotional and physical development.<sup>1</sup> Yet, access to care is largely determined by health insurance coverage since it offers a "regular" source of care, as well as the capacity to pay for it. Research shows that nationwide, children without insurance are six times less likely to seek medical care when needed than those with private insurance and four times more likely than all insured children (privately insured and those covered by Medicaid) to delay seeking care due to affordability concerns of their parents.<sup>2</sup> This issue of *Access Update* presents findings from the 1998 and 2000 health insurance status surveys by the Division of Health Care Finance and Policy and highlights the significant differences between insured and uninsured children in Massachusetts.

### Key Findings of the 2000 Survey

- The rate of uninsured children decreased by over 50% from 6.3% in 1998 to 3% in 2000.
- The majority (68%) of uninsured children are between ages 6 and 18.
- The Southeast and Worcester regions have the largest percent of uninsured children, as a percent of their total child populations, with 4.1% and 4% respectively.
- Hispanic children are more likely to be uninsured (5.5%) than other racial or ethnic groups.
- Uninsured children are more likely to live in low-income households<sup>3</sup> (40.3%) than are insured children (25%).

- Children are more likely to receive health insurance coverage through Medicaid than non-elderly adults, 16.3% versus 10.2% (see Figure 1 below).

**Figure 1**  
**Source of Insurance**



\* Employers providing health insurance coverage include coverage provided by the military, a group purchaser or past employers.

### Background

The latter half of the 1990s saw a strong economic boom in Massachusetts resulting in record low unemployment rates and an increase in job growth. At the same time, the Medicaid program expanded coverage under a section 1115 Medicaid research and demonstration waiver. Incorporating funds from the State Children's Health Insurance Program (SCHIP),<sup>4</sup> this waiver expanded MassHealth coverage to include children (ages 18 and younger), pregnant women and their newborns, and adults living in households with income up to 200% of the federal poverty level (FPL).<sup>5</sup> Since the waiver's implementation, MassHealth enrollment has increased by 30.9% for low-income children insuring 400,425 Massachusetts children.<sup>6</sup>

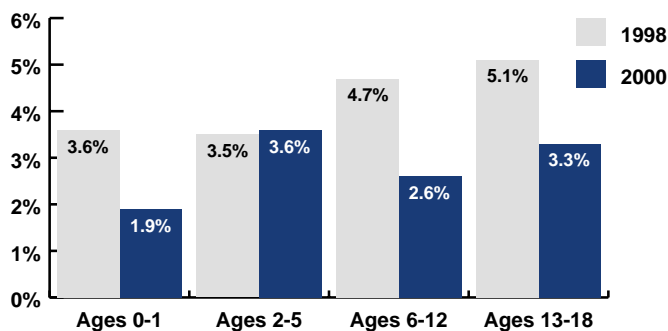
In accordance with a 1997 legislative mandate, the Division of Health Care Finance and Policy conducted two state-sponsored surveys to identify the characteristics and health-related

decision-making patterns of the uninsured and underinsured populations. Each survey was conducted between February and July of their given year. The 1998 survey collected data on 2,107 children ages 18 and younger, and the 2000 survey gathered data on 1,958 children of the same age group. Both surveys used a random digit dialing methodology where the sample was drawn from a computer-generated random list of telephone numbers. The survey questionnaire was available in Spanish and English. Responses to survey questions were weighted in order to reflect current population estimates.

## Demographics

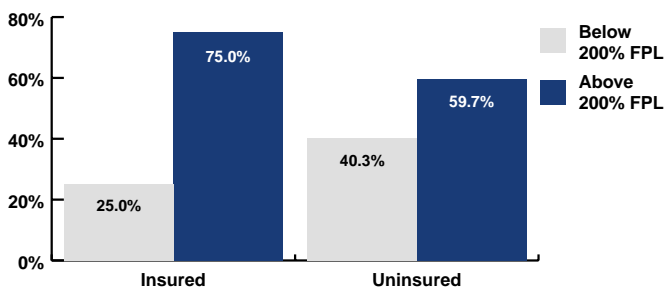
**Age.** The lowest rate of uninsured people in Massachusetts (3%) is among children ages 18 and younger. Among all children, the largest percent of uninsured children are between ages 6 and 18 (68%). Between 1998 and 2000, the largest decreases (almost 50% each) in the number of uninsured individuals were found among the infant (ages one and younger) and the 6 to 12 age groups. During this same time period, the uninsured rate for those ages two to five changed only slightly, exhibiting the highest rate (3.6%) among all children (see Figure 2 below).

**Figure 2**  
**Percent of Uninsured Children within Age Group**



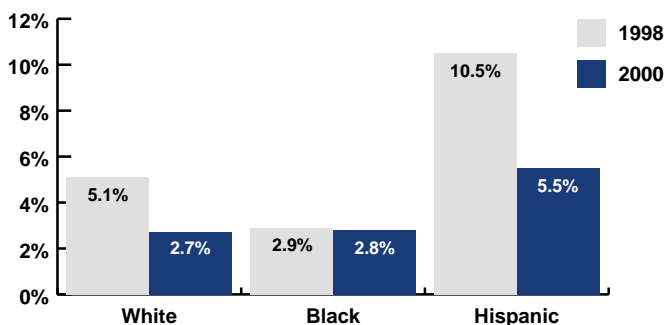
**Income.** Most uninsured children (59.7%) live in households with incomes at or above 200% of the FPL. While this illustrates the successful expansion efforts to insure low-income children, a disproportionate number of uninsured children still reside in low-income households. In fact, 40.3% of all uninsured children live in low-income households while only 25% of insured children live in households with income at or above 200% of the FPL (see Figure 3 top right).

**Figure 3**  
**Percent of Children by Insurance Status and Income**



**Race.** Despite having the highest uninsured rate (5.5%), the Hispanic population exhibited the largest decline in the rate of uninsured with a 47% decrease between 1998 and 2000. The white and black populations have nearly equivalent rates of uninsured children, with 2.7% and 2.8% respectively. While the uninsured rate among black children has remained relatively constant, the uninsured rate for white children has declined by almost half (see Figure 4 below).

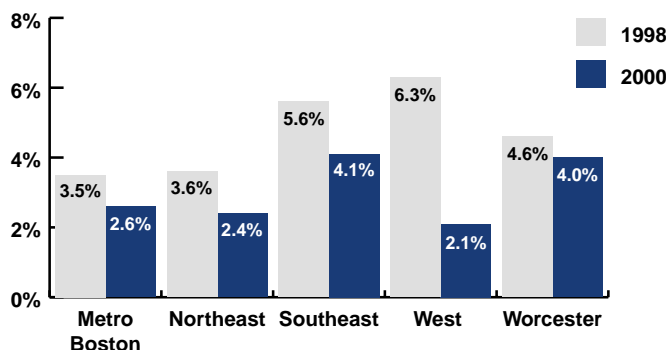
**Figure 4**  
**Percent of Uninsured Children within Race and Ethnic Group**



**Region.** The majority of uninsured children in Massachusetts live in the Metro Boston (29.7%) and Southeast (27.8%) regions. Within specific regions, the Southeast and Worcester areas have the highest percentages of uninsured children with 4.1% and 4% respectively. The largest strides in decreasing the uninsured rate among Massachusetts children are found

in the West and Northeast regions, showing 67% and 33% declines respectively between 1998 and 2000 (see Figure 5).

**Figure 5**  
**Percent of Uninsured Children within Region**



### Access and Utilization

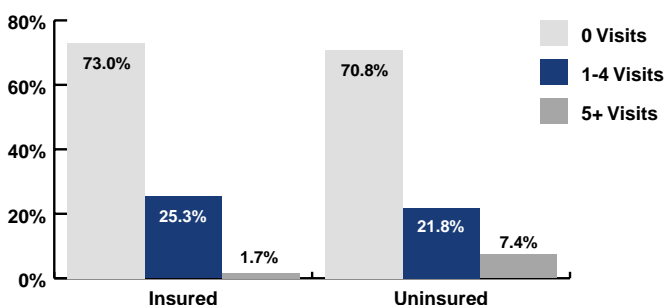
Having a regular source of care, such as a clinic or physician's office, is more likely to ensure appropriate pediatric care and monitoring. Without health insurance coverage, access to care can be more difficult. As the 1998 and 2000 survey data indicate, uninsured children are less likely to utilize health care services than are insured children. While about the same percent of uninsured children (73.8%) as insured children (76.1%) reported needing medical care in the past 12 months, uninsured children were twice as likely not to seek this care than were the insured children. For the most recent medical care sought, 27.3% of uninsured children received services paid for by the Massachusetts Uncompensated Care Pool,<sup>7</sup> suggesting that cost is likely a barrier to seeking appropriate health care.

Despite physician recommendations that children visit a pediatrician eight times in the first year of life, three times in the second year and once a year until age six,<sup>8</sup> uninsured children are less likely to visit a doctor than are insured children (34.2% versus 11.7%). In addition, 81.8% of insured children made between one and ten visits to the doctor in the last year, compared to only 59.9% of uninsured children.

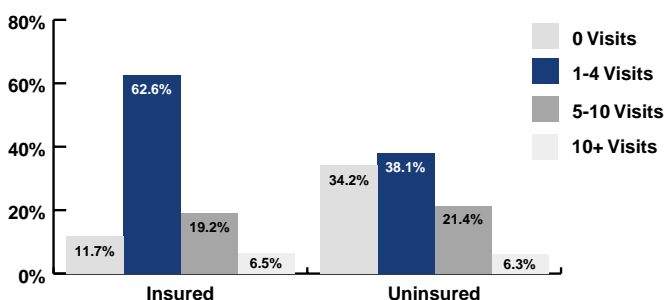
While only a small percent of children visited the emergency room in the last year, the percent of uninsured children (29.2%) who made one or more visits was slightly higher than that of insured children (27.8%). Although uninsured children are more likely to utilize emergency room services, it is striking that insured children are far more likely to make physician

office visits. These findings suggest that the uninsured lack access or opt not to obtain routine care from a primary care physician on a regular basis (see Figures 6 and 7 below).

**Figure 6**  
**Percent of Children by Insurance Status and Emergency Room Utilization**

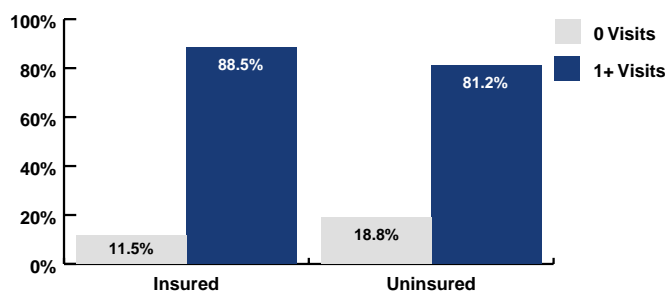


**Figure 7**  
**Percent of Children by Insurance Status and Physician Office Utilization**

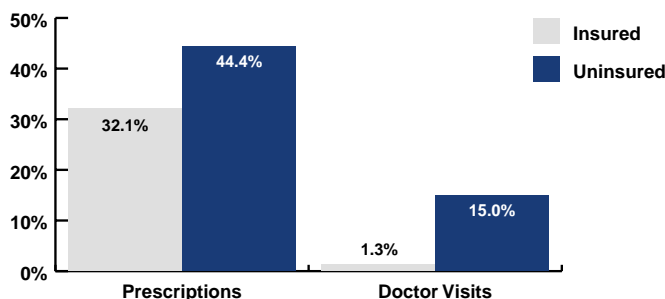


Consistent with national findings, uninsured children ages three and older are also less likely to visit the dentist than are insured children according to survey responses. Almost 20% of uninsured children, compared with 11.5% of insured children, did not visit the dentist in the past year. One possible explanation for this sizable disparity is the high cost of comprehensive or even routine dental care. However, less access to preventive routine dental care could result in more complex and costly treatment when care is finally sought (see Figure 8 on page 4).

**Figure 8**  
**Percent of Children by Insurance Status and Dental Office Utilization**



**Figure 9**  
**Percent of Children Not Seeking Care for Chronic Condition by Type of Care\* and Insurance Status**



\*Types of care are not necessarily independent of each other.

The overall trends in health care utilization by uninsured children are particularly disconcerting considering the slightly higher number of uninsured children with chronic or specific medical conditions or disabilities. About 13% of uninsured children reported having a medical condition or disability

such as asthma (87.6%) or attention deficit disorder (12.5%), compared with only 7% of insured children. About 16% of uninsured children have a chronic medical condition lasting three months or longer that requires monitoring, compared with 14% of insured children. Uninsured children are still less likely to receive treatment for their chronic condition than are insured children, with 15% of uninsured chronically ill children versus only 1.3% of their insured counterparts not seeking visits to the doctor in the past three months for their condition. Similarly, 44.4% of these uninsured children compared with 32.1% of the insured children either did not fill the prescription or take the medicine prescribed for their condition in the past three months (see Figure 9 left).

## Conclusion

Massachusetts has made exceptional strides in decreasing the number of uninsured children, particularly those who are low-income. However, many Massachusetts children remain uninsured. As supported by the survey results, uninsured children continue to experience barriers to regular care. Since it is likely that these families are harder to reach, it is critical that we continue to look for ways to enroll these children in programs for which they are eligible. With the existing data, as well as future research efforts, it is hopeful that these children and families will benefit from direct public policy initiatives aimed at serving their health needs.

1. Edmunds, M. and M.J. Coye, eds. *America's Children: Health Insurance and Access to Care*. National Academy Press: Washington, D.C., 1998.
2. Ibid and *America's Children: Key Indicators of Well-Being, 2000*. [www.childstats.gov](http://www.childstats.gov).
3. In this monograph low-income households are households with income below 200% of the federal poverty level.
4. The Children's Health Insurance Program (CHIP) is a 1997 federal/state health insurance initiative that provides health insurance coverage to low-income children.
5. Center for MassHealth Evaluation and Research. *Massachusetts Title XXI Children's Health Insurance Program Annual Report*, April 5, 1999.
6. Division of Medical Assistance. *Caseload Snapshot Report*, February 28, 2001.
7. The Uncompensated Care Pool pays for medically necessary services for low-income uninsured and underinsured people provided by acute hospitals and community health centers in Massachusetts.
8. Maternal and Child Health Bureau. *Child Health USA 2000*. U.S. Department of Health and Human Services, Health Resources and Services Administration, 2000.